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Bib Data Sheet

CONFIRMATION NO. 2196

SERIAL NUMBER 09/420,002	FILING DATE 10/18/1999 RULE	CLASS 379	GROUP ART UNIT 2645	ATTORNEY DOCKET NO.
APPLICANTS MARC A. COHEN, PHILADELPHIA, PA; JOHN J. CSASZAR, FLEETWOOD, PA;				
** CONTINUING DATA ***** This application is a DIV of 08/869,753 06/05/1997 PAT 5,970,124				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/08/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY PA	SHEETS DRAWING 9	TOTAL CLAIMS 10
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 4		
ADDRESS 22208				
TITLE SPONSORED INFORMATION DISTRIBUTION METHOD AND APPARATUS				
FILING FEE RECEIVED 838	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER 09/420,002	FILING DATE 10/18/99	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO.
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APPLICANT

MARC A. COHEN, BLUE BELL, PA; JOHN J. CSASZAR, FLEETWOOD, PA.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A CIP OF 08/869,753 06/05/97 PAT 5,970,124

Yes AH

****371 (NAT'L STAGE) DATA*******

VERIFIED

None AH

****FOREIGN APPLICATIONS*******

VERIFIED

None AH

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/08/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 9	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 4
Verified and Acknowledged <u>AH</u> Examiner's Initials _____ Initials _____					

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TITLE

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